

<b>Case Number:</b>	CM15-0039528		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	08/03/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old male, who sustained an industrial injury on 2/1/12. He reported initial complaints of repetitive strain from key boarding. The injured worker was diagnosed as having lumbar disc displacement; lumbar myospasm; lumbar pain; lumbar radiculopathy; lumbar sprain/strain. Treatment to date has included physical therapy; acupuncture; lumbar brace; epidural steroid injection lumbar; medications. Diagnostics included MRI lumbar spine (10/28/13). Currently, the PR-2 notes dated indicated the injured worker complains of constant severe pain rated 8/10 and described as sharp stabbing, throbbing, burning low back pain with stiffness, heaviness, numbness, tingling, weakness and cramping. The physical examination notes lumbar flexion 5/60, extension 5/25, and lateral bending bilaterally 15/25. There is tenderness to palpation documented of the lumbar paravertebral muscles with muscle spasm of the lumbar paravertebral muscles. Straight leg raise causes pain bilaterally and Kemp's is positive bilaterally. Medication is listed as dispensed: Cyclobenzaprine 7.5mg; Naproxen Sodium 550mg and Pantoprazole 20mg. He completed a urine drug screening on this date. The provider is requesting authorization for Compound topical cream: Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 210 grams and Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.025% in cream base 210 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Compound topical cream: Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 210 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** This patient receives treatment for chronic pain involving the lower back that radiates to the lower extremities. The medical diagnoses include lumbar disc protrusion and lumbar strain. This relates back to an industrial injury on 02/01/2012. The patient has sharp stabbing low back pain. On examination there is tenderness on palpation of the paraspinal muscles. SLR testing is positive on both sides. This review addresses a request for a compounded topical analgesic cream. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Gabapentin is an antiepileptic drug (AED). AEDs are not medically indicated to treat chronic pain when used in their topical form. Amitriptyline is an anti-depressant. Anti-depressants are not medically indicated to treat chronic pain when used topically. Bupivacaine is a local anesthetic, which is not medically indicated to treat chronic pain when applied topically. This compounded analgesic cream is not medically necessary.

**Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.025% in cream base 210 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** This patient receives treatment for chronic pain involving the lower back that radiates to the lower extremities. The medical diagnoses include lumbar disc protrusion and lumbar strain. This relates back to an industrial injury on 02/01/2012. The patient has sharp stabbing low back pain. On examination there is tenderness on palpation of the paraspinal muscles. SLR testing is positive on both sides. This review addresses a request for a compounded topical analgesic cream. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Flurbiprofen is an NSAID. NSAIDs are not medically indicated to treat chronic pain when used in their topical form. Dexamethasone is a steroid cream, which is not medically indicated for chronic pain when applied topically. Menthol and camphor are both topical irritants, which are not medically indicated to treat chronic pain. This compounded cream is not medically necessary.